

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

112

DOCUMENT # P03000012016

1. Entity Name  
GOLFORLANDO, INC.



06 JUL 13 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
483 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
POST OFFICE BOX 162366  
ALTAMONTE SPRINGS, FL 32716-2366



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
86-1054695

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, JOHN D  
201 EAST PINE STREET  
SUITE 1200  
ORLANDO, FL 32801

DO NOT WRITE  
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HAMILTON, JEFFREY J  
483 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

500077767555  
07/20/06--01010--010 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 407.260.2288  
FAX: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

7/11/06

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July 10, 2006

Florida Dept of State  
Division of Corporations  
P O Box 6198  
Tallahassee FL 32314

Subject: Notice of Intent to Dissolve for Golforlando, Inc.

Please let this serve as notice that on April 25, 2006, we sent our check #1138 for \$150.00 to renew Golforlando, Inc. for 2006. However, on July 7, 2006, we received a notice of Intent to Dissolve. **This is NOT correct.**

It would appear that the renewal was lost in the mail. We have stopped payment on check #1138 for \$150.00 on this date. We have reissued check #1142 for \$150.00 to renew for Golforlando, Inc. for 2006.

I am enclosing copies showing the original check, a copy of the posted envelope for April 25, 2006, and the 2006 annual report. Since we attempted to renew in a timely matter, we feel the late fee should be waived.

Please let me know if you need additional information.

Thank you.

A handwritten signature in cursive script, appearing to read 'Linda Schram', followed by a horizontal line.

Linda Schram  
Accounting